

WASHINGTON STATE UNDERGROUND STORAGE TANK NOTIFICATION FORM



IMPORTANT: PLEASE READ ALL INSTRUCTIONS ON PAGES I-1 AND I-2 BEFORE ENTERING INFORMATION.

- ABOVEGROUND TANKS MUST BE REPORTED IF THE CONNECTED UNDERGROUND PIPING COMPRISES AT LEAST 10% OF THE OVERALL STORAGE SYSTEM (TANK AND PIPING).
- . A SEPARATE FORM MUST BE USED FOR EACH SITE, EXCEPT FOR SITES WITH ONLY ONE TANK EACH. SEE THE GENERAL INSTRUCTIONS (PAGE 1-2) FOR THE DEFINITION OF A SITE AND DETAILS ON REPORTING SITES WITH ONE TANK EACH.
- . THERE IS ROOM IN SECTION VI FOR INFORMATION CONCERNING 15 TANKS. IF YOU HAVE MORE THAN 15 TANKS, PHOTOCOPY BOTH PAGES OF SECTION VI BEFORE ENTERING ANY INFORMATION. (IF YOU HAVE MORE THAN ONE SITE, EITHER OBTAIN MORE FORMS FROM THE DEPARTMENT OF ECOLOGY OR BE SURE TO ALSO PHOTOCOPY THIS PAGE.)

PLEASE	TYPE	OR	PRINT	IN INK	· THE	SIGNATURE	UNDER	"CERTIFICATION"	(SECTION V)	MUST	BF	SIGNED	IN IN	VK.

DEPT. OF ECOLOGY MAY -5 85 0 0 7 1 1 5

 PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK. 	STATE USE ONLY			
I. OWNERSHIP OF THE TANK(S)	III. SITE OF THE TANK(s)			
Please enter information regarding the owner of the tank(s). If the ownership of the tank(s) is uncertain, enter information regarding the owner of the property where the tanks are located, or information regarding the former owner of the tanks. Please circle the correct letter, indicating who the information given below refers to: A. OWNERSHIP UNCERTAIN B. CURRENT OWNER OF TANK(S) C. FORMER OWNER OF TANK(S) D. PROPERTY OWNER	(If the same as Section I, mark box here. See the General Instructions (Page I-2, 2.a.) for the definition of a site. SHADE TREE ENTERPRISES JAC. Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS/OPERATED BY A LEASEE OR RENTER, THE NAME			
E. OTHER (PLEASE SPECIFY): JERRY LORENZ SHADETREE ENTERPRISES INC. Owner Name (Corporation, Individual, Public Agency, or Other Entity) COR OF MAIN AND ASH P.O. BX 83 Street Address	OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH OPERATES THE FACILITY SHOULD BE ENTERED HERE.) COROF MAIN AND ASH Street Address or State Road where the tanks are located. (IF NO STREET ADDRESS OR STATE ROAD, PLEASE ENTER THE LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHERE THE TANKS ARE LOCATED.) GLENWOOD D WA 98619			
GLENWOOD WA 98619- City State ZIP Code	City State ZIP Code VL 1 C R 1 T A T			
County Area Code Phone Number	IV. THE TOTAL NUMBER OF TANKS AT THIS SITE			
Type of Owner or Facility: CIRCLE CORRECT CODE(3) CODE TYPE CODE TYPE CODE TYPE Service Station G. Industrial/Manufacturing M. City/Town S. Port District B. Bulk Plant H. Private Institution N. County T. Utility District C. Petroleum Distributor I. Residence (Non-Farm) O. State U. Fire Dept./District D. Convenience Store J. Farm P. Federal (Military)* E. Auto Dealer K. Airport Q. Federal (Non-Military)* F. Other Commercial/Retail L. Marina R. School District CODE TYPE CO	1. Number of tanks containing petroleum, which are now in use: 2. Number of tanks which have stored petroleum, but are not now in use: 3. Number of tanks containing regulated chemicals, which are now in use: 4. Number of tanks which have stored regulated chemicals, but are not now in use: TOTAL NUMBER OF TANKS Please mark this box if the site is located on land within an Indian reservation or on other Indian trust lands			
*FEDERAL FACILITIES ONLY: Please give your GSA Facility ID Number (Building Number). II. CONTACT PERSON AT THE TANK LOCATION	V. CERTIFICATION (Please read and sign after completing Section VI.) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. To the best of my knowledge and belief, the submitted information is true, accurate, and complete.			
The contact person should be the individual responsible for regularly monitoring the operation of the tank(s).	Jerry Lorenz			
Name (If same as Section I, mark box here 🔼	Name and official title of owner or owner's authorized representative or, in cases where the ownership is unknown, the name and title of the person signing the form. (PLEASE TYPE OR PRINT IN INK.)			
0 W N E R 5 9 - 3 6 4 - 3 4 7 () Job Title Area Code Phone Number	5-2-86 Date Signed Signature (PLEASE SIGN IN INK) Signature (PLEASE SIGN IN INK)			

REGARDING INDIVIDUAL TANKS (See instructions regarding individual tanks, Page I-2) e. Tank Construction f. Leak Detection g. Cathodic Protection h. Internal Protection d. Capacity of the Tank c. Age of the Tank Please put all the letters which apply Please put all the letters which If the year of installation of the Please put the correct letter for Please put the correct letter for each Please put the correct letter for each tank is known, please enter the each tank in the appropriate row of apply to each tank in the to each tank in the appropriate row tank in the appropriate row of the tank in the appropriate row of the of the column below. (If "Other" (N) last 2 digits of that year in the the column below. If the exact appropriate row of the column column below. (If "Other" (C) please column below. (If "Other" (F or I) please also enter type of detection.) below. (If "Other" (H) please enter also enter the type of protection.) please also enter the type of appropriate row. If the exact year capacity isn't known, please choose type of material.) protection.) of installation is not known, please an estimate. A. Daily inventory A. Sacrificial Anode/Galvanic Type estimate as closely as possible, A. Carbon Steel B. Tightness/Leak test within past B. Impressed Current Type A. Rubber Lining A. Under 500 gallons using the groupings shown below B. Stainless Steel B. Alkyd Lining B. 500-999 gallons year C. Other Type (please specify) (choose a letter and put it in the C. In-tank system C. Steel, type unknown D. Cathodically Protected, Type C. Epoxy Lining C. 1,000-4,999 gallons appropriate row.) D. Fiberglass Reinforced Plastic D. In-piping system D. Phenolic Lining D. 5,000-9,999 gallons Unknown E. Plastic E. Product gauge E. None E. 10.000-19.999 gallons E. Glass Lining A. Less than 1 year F. Concrete F. Electronic sensor F. Other Lining (please specify) F. Unknown B. 1-2 years F. Over 20,000 gallons G. Aluminum G. Manually sampled well(s) G. Lined, type unknown C. 3-5 years H. Other Material (please specify) H. Automatically sampled well(s) H. Unlined D. 6-10 years Well or detector in secondary I. Unknown Material I. Other Internal protection (please E. 11-15 years J. Single Walled containment specify) F. 16-20 years K. Double Walled In-ground detector J. Unknown G. 21-30 years K. Between walls of double-walled L. Has secondary containment H. More than 30 years M. Has overfill protection L. Groundwater monitoring plan M. Spill Prevention Control and Countermeasure Plan N. Other (please specify) O. None

identification used in column a.	i. External Protection of the Tank Please put the correct letter for each tank in the appropriate row of the column below. (If "Other" (D or G) please also enter the type of coating and/or wrapping.) A. Asphalt Coated B. Fiberglass Reinforced Plastic Coated C. Epoxy Coated D. Other Coating (please specify) E. Vinyl Wrapped F. Polyethylene Wrapped G. Other Wrapping (please specify) H. None I. Unknown	Please enter all the letters which apply to the portion of the piping which is underground. (If "Other" (D) please also enter the type of material.) A. Bare Steel B. Galvanized Steel C. Fiberglass Reinforced Plastic D. Other Material (please specify) E. Coated with non-corrosive materials F. Cathodically Protected G. Double-walled H. Within a secondary containment I. Protected with interior lining J. In native soil rather than backfill K. In backfill rather than native soil L. Not certain regarding backfill/native soil M. Details of piping are unknown N. None of the piping is underground	k. Type of Substance Currently or Last Stored in the Tank Please put the correct letter for each tank in the appropriate row of the column below. 1. If the substance is a hazardous substance (J) rather than a petroleum product, please also enter the name of the substance or its Chemical Abstract Service (CAS) number (See "What Substances Are Covered"? on page 1-1 of the instructions for information regarding hazardous substances.) 2. If different substances are stored in the tank at different times, or if a mixture of substances is stored, please enter all letters which apply. A. Leaded gasoline B. Unleaded gasoline C. Alcohol enriched gasoline D. Diesel fuel E. Aviation fuel F. Kerosene G. Nos. 1, 2, or 4 fuel oil H. Nos. 5 or 6 fuel oil J. Hazardous substance K. Other (Please specify) L. Unknown M. Empty	THESE ITEMS REFER OPLEASE LEAVE THE ROLL I. Date of Last Use If the exact month and year of last use isn't known, please enter an estimate. (Use two digits for the month and two for the year; e.g., 06-84.)	m. Quantity Left in the Tank If the exact amount left in the	n. Was the Tank Filled? Was the tank filled with an inert material, such as sand or concrete? Was it filled with water? Please put the correct letter in the appropriate row of the column below. A. The tank was filled with an inert material. B. The tank was filled with water. C. The tank was filled. D. Unknown	
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1	A	B	A				
2.	I	B	В				
3	A	B	D				
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FORM FCY 020-32 (12/85) -1-1110

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INSTRUCTIONS FOR MAILING THE FORM

When the notification form is fully completed and signed, staple any photocopies of Section VI to page one of the form (not the instructions), with page one in the front. (Please staple once in the upper right corner.) The forms may then be folded and placed in an envelope for mailing or may be folded as described below for mailing without an envelope. FOR MAILING WITHOUT AN ENVELOPE: Fold the form(s) in half along the line in the center of the page, so that these instructions are on the outside, at the top. Then fold in half again, so that these instructions are still on the outside. When you turn the folded form(s) over, Ecology's address should be in the center, with blank lines for the return address in the upper left corner. Please enter your return address, staple once where shown, place the correct postage in the upper right corner, and mail.

PLEASE INDICATE THE NUMBER OF PHOTOCOPIED SHEETS ATTACHED (IF ANY) ______

Underground Storage Tank Notification Solid and Hazardous Waste Program Department of Ecology Mail Stop PV-11 Olympia, Washington 98504-8711

DSA. ASC. MARINES

STAPLE HERE WHEN FOLDED

AM 6000 1019 AM 6000 1019

IMPORTANT

THIS IS AN UNDERGROUND STORAGE TANK NOTIFICATION FORM. A RECENT FEDERAL LAW REQUIRES

UNDERGROUND TANK OWNERS TO NOTIFY THE DEPARTMENT OF ECOLOGY OF THEIR TANKS BY MAY 8, 1986.

(CERTAIN ABOVEGROUND TANKS ARE ALSO INCLUDED.)

PLEASE OPEN FOR FURTHER INFORMATION.

Underground Storage Tank Notification
Solid and Hazardous Waste Program
Department of Ecology
Mail Stop PV-11
Olympia, Washington 98504-8711

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